



## 2008 TRAINING Schedule

Jurisdiction Name: \_\_\_\_\_

POC Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Training (Course Code and Title)	City	Date	Target Capability #	Audience

**Example:** G775, EOC Operations and Management / Boise / Oct. 21-23, 2008 / EOC Mgmt / BHS, IMT and State Agencies